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AT last we have a library. To be sure, the room is small and not well lighted; but the table is all that could be desired, the chairs are easy and the books are of the very best. The number of books at present is small, but there is a steady increase by gift and purchase, and the good work is well started.

IT may interest many readers of THE CHIRONIAN to know the ingredients of the well-known "Moxie's Nerve Food." The analysis of this preparation will be found in this number, and we are quite certain that even those who thought it a humbug will be surprised at the simplicity of its ingredients.

Its great success is due, no doubt, to its pleasant taste and seductive name.

AND now that we are speaking of a patent medicine, it seems to us appropriate to say a few words on the little *Materia Medica*s that some enterprising homœopathic pharmacists keep for distributing among the laity.

They argue that they are doing homœopathy a great service by thus disseminating the indications for the most prominent remedies. From what we have seen, we think they do more harm to the cause than good. In several cases we have found families prejudiced against homœopathy because they had tried to prescribe as the "little book" said and failed, judging from that failure that there could be no virtue in homœopathy. An over-zealous friend is often as dangerous as an enemy.

WE have received notice of the death of a prominent homœopath, Dr. E. A. Lodge, of Detroit, Mich., one of the pioneers of our school in the West. In 1859 he established the first homœopathic pharmacy in this section of the country, in Detroit. He also published for more than twenty years the *American Homœopathic Observer*.

He was an earnest Christian man. A widow and eleven children mourn his death, and homœopathy loses an active worker.

Three of his sons, however, are physicians and his work will follow him.

He was born in London, Eng., May 6, 1822, and died in Detroit, January 25th last, from the result of a low form of fever contracted in the South.

WE notice with great regret that one of our contemporaries, in its issue for February, has published a review of "Helmuth's Surgery," which was evidently written by a small, aspiring correspondent to give vent to feelings anything but commendable.

The article in question shows unmistakable evidence of the author's ignorance of the subject on which he writes. It pains us more deeply as the writer of the article established the foundation of what little he knows of surgery under the teaching of our distinguished pro-

fessor. Two unnecessary capital operations with two deaths, which are even now exciting comment anything but flattering to this aspirant, constitute nearly the sum total of his reputation as a surgeon.

More caution, more skill, and considerable more discretion in criticising your superiors, young man, and possibly you may reach a position which will fit you for usefulness as a minor surgeon.

*Notes from a Lecture on Phosphorus.**

BY PROF. T. F. ALLEN.

REPORTED BY E. S. SMITH, '88.

PHOSPHORUS is one of the inorganic elements of the body. It has some points in common with Sulphur. Really Phosphorus is most like Arsenic in its action on the body. The mucous membranes of the mouth, throat and stomach are affected. Violent gastritis, and enteritis attended with hemorrhages. Diarrhœa with loss of blood. Vomiting with bleeding. It may be almost classed among the hemorrhagic group. Everywhere we find hemorrhage. In this respect it more closely resembles the poisoning of the serpent than any other drug. The jaundiced hue of the skin, etc., are wonderfully like the serpent poison. It causes the most horrible death in poisoning. In cases of poisoning it causes a breaking down of all the tissues of the body, beginning with the blood. There is acute nephritis with discharge of blood. Its more remote effects are those of general breaking down of tissue. Fatty degeneration it produces most profoundly. Fatty degeneration in several organs, especially of the heart. This is seen in muscles other than the heart; also in the spinal cord and liver. There is loss of muscular power. Another characteristic in cases of chronic poisoning is inflammation of the sheath of the nerves. Acute myelitis. Also inflammation of the brain tissue. It causes extensive hemorrhage into the sheath of the spinal cord, and fatty degeneration of vessels with hemorrhage.

* These notes have not been revised by Professor Allen.

There is a form of inflammation of the retina which occurs in children of consanguineous marriages. The retina instead of developing undergoes metamorphosis. Pigment is deposited in the granular layers of the retina. This is pigmentary degeneration of the retina, *retinitis pigmentosa*. This condition is not an extravasation of the blood, though there are also extravasations in Phosphorus poisoning. The symptom is that in the latter part of the day, about 4 P. M., the patient is seized with blindness. Pigmentary degeneration is also arrested by Lycopodium.

A Phosphorus patient, or a person under the influence of Phosphorus, may at first have a little stimulation. This is followed in a week or so by weakness and exhaustion and no energy in the morning. All these symptoms follow a long-continued use of Phosphorus.

SYMPTOMATOLOGY.

Mental.—One general condition which is presented is that of apathy. The patient finds it extremely difficult to keep his thoughts on anything. Mental fatigue, difficulty in using the mind, loss of memory, slow flow of ideas, disinclination to study. The patient is depressed in mind, has a form of melancholia. With this there is general physical fatigue. The patient does not want to make any movement on account of dead tiredness. It is useful after continued great mental exertion in professional men. You should distinguish between Phosphorus and Nux.

Nux is a remedy for persons who have been undergoing a mental strain, as after speaking in public. Exhaustion follows, and nerve irritability, and mental excitement. Also a condition of depression as well. It is difficult to concentrate the mind upon one object. Such a condition may give rise to attacks of indigestion.

In Phosphorus there is a low type of delirium. Low type of typhoid, with tendency to hemorrhages of the bowels, with mental condition of great apathy. The patient is unwilling to talk, and answers slowly. A sluggish, stupid state. It is indicated in persons who are sick with various diseases, but who exhibit this condition

of intellectual stupor; as in diseases of the kidneys, heart, etc.

Head.—Heavy pressing dullness of the head. The forehead is chiefly affected.

Eyes.—There are two conditions in which we find Phosphorus very valuable.

1st. In progressive cataract, especially early in the disease, when we find heaviness, stupor and other symptoms of Phosphorus. Mental and nervous prostration, and degeneration of the lens. One symptom on which I rely in these cases is that letters appear red, or blood red.

2d. A condition of degeneration of the optic nerve, or gray atrophy. The patient gradually loses vision. This condition does not arise from the abuse of alcohol, tobacco, or tea, but from a long over-wrought nervous system. The indication is that objects have a halo or cloudiness about them by candle light. A green halo about objects. Marked atrophy of the optic nerve which occurs in students. In gray atrophy there is no thickening of the nerve sheath. This latter condition calls for preparations of lead, which produce sclerosis of the nerve sheath. Here there is no disease of the axis cylinder.

Nux or strychnia is the remedy in the other school for atrophy from the abuse of tobacco. I must say that I have been disappointed in the use of Nux in atrophy of the optic nerve. I doubt whether one case in fifty is benefited by Nux, but a much larger number are benefited by Phosphorus. In atrophy of the optic nerve from tobacco the remedy is Arsenic.

Ear.—Difficulty of hearing. Re-echoing of sounds in the ear. Some forms of atrophy of the auditory nerve.

Nose.—Workers in match factories have necrosis of the jaw. If there is a bad tooth, decay of the bones of the nose goes on rapidly. The local effects of the fumes of Phosphorus are supposed to cause necrosis in workers in Phosphorous, but we have found necrosis of other bones, as the tibia, in cases of Phosphorus poisoning. We can class Phosphorus with Mercury and Arsenic, all which produce decay of bones. Phosphorus has no relation to the Syphilitic necrosis of bone.

Ozena, or ulceration of the nose, with stoppage, hemorrhage and offensive odor. Acute symptoms of ulceration of the nostrils due to the effect of the drug on the mucous membrane. Forms of disease associated with periostitis, swelling and bad odor. In this respect it resembles Aurum. Hemorrhage of a dark color, not the active type. Mucous membrane swollen and dry. Ozena accompanied by a slow type of fever.

Face.—The Phosphorus patient is very apt to have a yellow, pale, sunken face. Icteric hue from hepatic troubles which this drug causes.

Stomach.—A peculiarity about the gastric symptoms is that while there is lack of thirst in the Phosphorus fever, yet with symptoms of inflammation of the stomach there is intense thirst. As soon as the water in the stomach gets warm vomiting occurs, or there is increased distress in the stomach. Vomiting of dark grumous blood. I have seen cases of cancer of the pylorus, with vomiting of blood, burning and distress in the stomach, relieved by high potencies of Phosphorus, so that life was rendered even comfortable, until patient lost strength little by little, and death ensued. It is unnecessary to use Morphia here. Phosphorous will cure irritable ulcers of the stomach. All sorts of gastritis. One symptom of especial value is the peculiar thirst.

Liver.—Acute yellow atrophy may be set down as one of the effects of Phosphorous poisoning. It is a remedy for acute hepatitis (not the Bryonia condition). There is a tendency to the development of abscess. If you find patients who have had symptoms of hepatitis for some time, dark urine, hemorrhage from the stomach and bowels, you will prescribe Phosphorus. These cases are rare. It is of great service in certain forms of disease of the liver in beer drinkers, especially in enlarged liver in beer drinkers.

Abdomen.—Soreness, pain and the general symptoms of enteritis. Burning in the anus.

The diarrhoea is painless. We may have pain in the abdomen and intestines, but no pain on evacuation. Discharge of liquid faeces or blood. Great exhaustion and prostration. Loss of

power of the sphincter ani. The stools may even be involuntary. This seen in low types of fever, with mental apathy.

Diarrhœa not so violent and not accompanied by a low type of fever.

Diarrhœa gray in color.

Drops which look like grains of tallow or rice appear in the stool.

Diarrhœa in old people, almost involuntary, especially if there is no thirst.

The moment anything enters the rectum the patient must go to stool.

Dysenteric stool, discharge of pure blood, with great intolerance of any stool in lower bowel.

Kidneys.—There is a marked nephritis, as marked as any drug, not excepting Mercurius corrosivus.

Phosphorus is characterized by profuse discharge of blood from the kidneys. There is some rise in temperature; not much pain; no thirst; sallow complexion, and general disposition to torpor. Generally aggravated from excitement and motion.

It lacks all of the burning pain of Mercurius corrosivus. With this drug there is always more or less pressure in the back. Tenesmus is very great. There may be bleeding, but this is the result of violent straining.

The hæmaturia of Phosphorus is dark colored, sometimes grumous.

There is another remedy which is indicated in acute inflammation of the kidney with hemorrhages, and that is Terebinth. This is very common in the South in workers in turpentine. It is characterized by severe pain over the kidneys and discharge of bright red blood.

There is another remedy characterized by hemorrhage from the urinary tract, not so much from the kidneys as the bladder, and that is Erigeron. $\mathcal{R}$ Oil of Erigeron 1 c .

It is a remedy of extreme value in hemorrhages from the pelvic viscera, where the hemorrhage is of a bright character and atonic nature.

The nephritis of Phosphorus is a parenchymatous nephritis characterized by the discharge of thick casts. (?) The urine is turbid when not bloody. There is loss of elasticity of the

bladder and the urine becomes ammoniacal, perhaps a tendency to paralysis.

Male sexual.—We find here a very marked action of Phosphorus. When taken in small doses of $\frac{1}{100}$ of a grain by healthy people Phosphorus causes increased sexual desire. But this is followed after two or three weeks by the opposite—the reaction, loss of sexual desire, seminal discharges and feeble erections. When the sexual organs themselves seem to have lost power, the nervous system seems to be in continual excitement. The desire continues longer than he has the power to gratify the desire.

Sexual desire, fancies and dreams, without any power of erection, and with involuntary discharges of semen. This is Phosphorus and Phosphoric acid. Sexual dreams with emissions during sleep. This in direct contrast to a condition which requires Agnus castus. Here there is a cold condition of the organs; the penis is relaxed, and there is complete indifference to all sexual things.

There is a remedy which may remind you of Phosphorus, and that is Petroselinum.

In this drug the penis is intolerably sore and burning. There is chordee. In seminal emissions it is of great value. The patient may have repeated erections at night. He will have an emission after connection has taken place. Such a patient should be advised to have connection only in the morning. It is well to advise men who are sexually weak to have connection only in the morning. So also with brain workers.

Female sexual.—Easy hemorrhage from the womb, and even from the vagina. This comes from a low state; a condition of atony. There may be new growths. The blood is not excessive in amount. The hemorrhage may go on for weeks. Constant dribbling of dark, venous blood. Menstruation is prone to come on too early. The aggregate amount of blood lost in the whole time is greater than normal.

You will find Phosphorus indicated in small vascular growths. Sometimes you will cure this tendency permanently. From Calcarea Phosphorica I think I have seen two or three cures of small cauliflower growths.

Lungs.—Tuberculosis is very apt to develop in the progress of necrosis of the jaw. Also pleuro-pneumonia.

Acetic acid will also produce tuberculosis, perhaps by producing a condition of profound anæmia.

Respiratory tract.—In the larynx we have sub-acute laryngitis. Great hoarseness, or even loss of voice. The characteristic is a hoarse, rough voice.

The cough arises from irritation in the trachea, caused by tickling. The expectoration is not very free. Not accompanied by much soreness. It follows very well after Belladonna. Belladonna relieves the acute symptoms of soreness and fever, and tenderness externally; but the voice often remains hoarse and rough, and not much expectoration. Phosphorus will complete the cure. Do not combine the two. You will cure quicker by following Belladonna with Phosphorus.

In the chest the characteristic symptom is oppression, heavy weight, and load on breathing and coughing. This feeling of weight and oppression is not necessarily caused by any congestion in the chest. (Calcarea and Aconite are indicated in congestion.) We find this same oppression in spinal anæmia. Even in pneumonia I think the feeling of oppression arises from nervous exhaustion.

The chest troubles of Phosphorus are not acute but sub-acute. Very rarely you will find Phosphorus indicated in the first stage of pneumonia; if you do the prognosis is grave. Better here examine the urine to see if the patient has not albuminuria. In the beginning of pneumonia give Aconite, etc., as indicated. After passing that stage, when the fever has gone down, rather weak pulse and difficult breathing; then is the time for Phosphorus.

Phosphorus produces pleuro-pneumonia. It is one of the few drugs which has been known to produce hepatization of the lungs. Persons suffering from long Phosphorus poisoning will have tuberculosis.

Heart.—Weak, soft (?) pulse.

Nervous system.—Phosphorus produces first anæmia of the nerve centers generally—not

spastic contraction of the blood-vessels, as in Ergot or Nicotine. In Phosphorus it is better called mal-nutrition. The nerve cells do not appropriate the pabulum furnished them. The whole nervous system becomes weak. The muscles become weak. The patients do not wish to make any exertion.

Mental operations are carried on slowly. Finally there is numbness (of the limbs?) and softening of the nerve centres. Myelitis often characterized by hemorrhages in the nerve sheaths.

Intense burning pain in the spine between the scapulæ. In the dorsal region the spinous processes become extremely sensitive. In this respect like Conium. There are no two drugs more alike in their action on nerve cells than Phosphorus and Conium. Both are death and destruction. Both remedies have cured paralysis consequent on spinal disease.

Incipient sclerosis has been cured by Quinine.

Extremities.—Patients may complain that the fingers feel like thumbs. Extremities feel as though going asleep.

Fever.—The fever of Phosphorus is characterized—

1st. By its low type—adynamic.

2d. By its lack of thirst.

3d. By its periodicity in the afternoon, four or five o'clock.

4th. By its sleepiness.

It is difficult to distinguish between Phosphorus and Apis.

The Apis fever is worse toward night. No thirst, and is characterized by sleepiness.

I have one pretty general rule to distinguish between the two drugs.

The Apis patient has, as a rule, a puffy complexion and bright red mucous membranes. The fever is generally characterized by a pretty bright color of the face, and the pulse is pretty full and hard, except in diphtheria, where it may be soft.

Phosphorus has yellow colored skin, general apathy, lips pale, possibly bloodless; generally more or less hemorrhage.

In nine-tenths of the remittent fevers requiring Phosphorus you will get hemorrhages.

Editors of CHIRONIAN :

PROF. HELMUTH used to say, when I sat under his teachings, "Do not forget in examination for evidences of syphilis to apply Ricord's maxim 'Interrogate the glands.'" The answers to such interrogations being always truthful, whether the patient lies or not.

In these days of positive methods in diagnosis, and in the interest of these methods, I say to the general practitioner, *Interrogate the stools* in all or most cases of chronic diseases, and especially if there is loss of function or disease of any of the organs of digestion.

You may find an explanation of repeated attacks of colic in the patient's brain, or rather lack of brain, in eating absolutely indigestible food, or you may find that proper foods are not well masticated, and may cause irritation more or less severe.

Again you may find evidence of disease or loss of function of the stomach. Tarry masses in the stools in hemorrhage from stomach, as in ulceration or cancer, or in disease of the liver also. Here, too, we may find gall stones or evidence of excess or absence of bile. In diseases of the pancreas we get fatty masses in the stools, and in diseases of the intestines, acute and chronic, we get most valuable answers to our interrogations.

We may find some obscure cases of "dyspepsia" cleared up by such interrogations. I have in three cases recently been able to locate disease of the colon, which I think merits more extended notice. My patients complained of passing shreddy masses. I gave an enæma which emptied the rectum, and followed it by a large enæma, intending to fill the descending colon. In expelling this my patients passed a large quantity of membranous masses, in some cases several inches in length, and bloody, purulent-looking debris. The diagnosis was membranous diarrhœa, as described by Da Costa (membranous enteritis of some writers) with probable ulceration and thickening of the colon.

Last but not least, you get valuable information of that hitherto neglected, but now much attended organ, the rectum.

In closing, I will say not alone in diagnosis is such a means of examination valuable. It also furnishes valuable aid in prescribing food and drugs, especially for children.

Interrogate the stools, and, too, interrogate all the important organs in every serious case of disease; and all disease is serious, at least to the patient.

C. P. HOLDEN, '80.

THE Chinese are said to possess a local anæsthetic which in its way is a rival of cocaine. The chief ingredients, so the Chinese surgeons say, is "frog-eye juice." Perhaps some of our "Thesis writers" will give us a proving of the substance.

ANISIC acid (obtained by oxidation of the oil of anise) is suggested as an antiseptic in surgery.

Anæsthesia.

TO an onlooker at an operation the giving of an anæsthetic is apparently a very easy matter. To hold a cone over a patient's face and occasionally pour some ether into it is certainly no task. The real facts of the case are, however, that it is never a very pleasant and sometimes not an easy matter. The assistant who administers the anæsthetic must attend carefully to the condition of the patient, watching for shock and all changes in the pulse, and so his responsibility is next that of the chief operator, while he has, as you might say, little of the fun of an operator.

The anæsthetics at present in general use are ether, chloroform and nitrous oxide. I do not propose to discuss the applicability of each, and shall confine what I have to say chiefly to ether.

Nitrous oxide gas is used very largely by dentists and for short operations, though there seems to be a tendency at present to use it for longer operations. Dr. Macdonald reports an ovariectomy of two and one-half ($2\frac{1}{2}$) hours' duration with its use, and other surgeons report operations of two hours' duration. It is especially adapted to ovariectomies for one reason—

the absence of vomiting after its use. A few whiffs of fresh air restore the patient from insensibility to consciousness. Patients are very apt to dream while under the influence of this gas, and so, if administered to a female patient, one would better have an assistant who can swear, if necessary, that no undue liberties have been taken.

Chloroform is much less used in this country than abroad, and is certainly the most dangerous anæsthetic. To administer it to a person sitting upright, as in a dentist's chair, is little less than criminal. Given in this way it has more than once caused death. Recently I have had under my care a patient who barely escaped death from that manner of administering this anæsthetic. For months after, whenever exposed to the vapor of chloroform, even if as far away as the next room, she would be seized with attacks of faintness, from which she recovered with considerable difficulty.

The easiest way to give chloroform is on a piece of lint or a towel held about three (3) inches from the face at first, and afterwards brought to within an inch, but *never* allowed to *touch* the face or to be brought in such a position as to exclude the air. In giving chloroform one should watch very closely the pulse, as the chief danger lies in heart failure. It is because of this danger that the anæsthetic should never be given to a person sitting upright, or should the person be raised upright while under its influence. Frequently patients who are to take ether say to me that they are afraid they shall give trouble, for they have taken chloroform and it affected them badly. Inquiry develops the fact that it is generally for having a tooth extracted or some similar operation done in an upright position.

In the administration of an anæsthetic a certain preparatory treatment must be gone through with. Suppose the anæsthetic to be administered early in the afternoon, the patient should have a good, free movement of the bowels that morning, should have a light breakfast and at about 11 A. M. a cup of beef tea, which is, as a rule, all absorbed before the time of the operation. Nothing is left in the

stomach to excite vomiting or to do any harm by choking if vomiting occurs, yet the system is not faint from want of nutritive material. Some advise thirty grains of bromide an hour before the time. I think this more liable to do harm than good. A hypodermic of one-eighth ($\frac{1}{8}$) grain morphine with one-one-hundredth-and-fiftieth ($\frac{1}{150}$) grain atropine will serve to destroy shock, quiet the patient beforehand and, in long operations, act as a good cardiac stimulant.

When about to give the anæsthetic loosen the clothing around the neck and chest, insist upon the removal of all false teeth, pour a small quantity of the ether into the cone, place the cone over the nose and mouth (not too closely, allow some air), and tell the patient to take long breaths. Just here it may be well to say a word about cones. The ordinary towel cone wastes considerable ether, but will answer every purpose and, in the long run, comes to supplant almost any patent form. A towel cone is easily made as follows: Fold a stiff newspaper longitudinally into a strip six to eight (6-8) inches wide; place this on a towel six to eight (6-8) inches from its edge parallel to its longest diameter, fold the towel once over the paper, secure with pins; now double the strip thus formed upon itself enough times to make the cone sufficiently large to fit over the nose and chin; secure with pins. The part of the towel without newspaper left at the top should be neatly folded over on to one side and pinned, making thus a top for the cone. Place a little cotton in the bottom of the cone.

By giving your patients air at first and not too quickly forcing the full amount of the ether into them many of the unpleasant features of the stage of excitement can be avoided. With a little care one can get rid of them entirely in ordinary cases. Excessively high-strung nervous women will have a vigorous stage of excitement despite your best efforts, as will also large, full-blooded men, especially if used to much alcohol. These latter take a large amount of ether, get very red in the face and secrete much mucus in their air passages. Sometimes it is almost impossible to get very large, strong men under its influence enough to keep them quiet. I have

held some of them on the table by means of their head under my arm while giving them all the ether possible ; they meanwhile were snoring and were completely unconscious. After the first stage of excitement there is one of "cerebral unconsciousness" ("primary anæsthesia," as some call it), in which more or less extensive manipulating may be done. The patient at this time has full control of his voluntary and reflex muscles, but remembers nothing. Recently in this stage a sound was passed on a young man, he raised himself up, attempted to take the sound and said, "Doctor, don't do it yet ! That hurts ! I am not ready !" He remembered neither the pain nor what he said.

Very often after a little of the anæsthetic has been given the patient will stop breathing, being partly conscious of what is going on. There is nothing alarming in this fact; keep right on with the ether ; encourage them to breathe deeply, at the same time taking a long, audible breath yourself. If this does not avail you can resort to artificial respiration by forcing the air out from the chest. As they go more and more under the anæsthetic they will lose control over their breathing and breathe regularly without any trouble. One must watch always for the first traces of cyanosis. If the face becomes congested and the lips blue there is trouble ahead ; remove the cone, seize the lower jaw, and with the thumbs on the symphysis force open the mouth and, if necessary, pull the tongue forward. Directly the patient will give a long gasp and go on again all right. Some very highly nervous women will stop breathing and become blue in a very few seconds. When the patient is fully under the influence of the ether there is not the danger of this spasmodic action, but a different one, that of stopping the breathing by pushing the anæsthetic too far. Snoring is a sign that the patient is well under its influence.

When the lips flap heavily a snoring sound comes from the throat, the epigastrium labors markedly, and the chest exerts itself ; then a profound narcosis has been established, it is not safe to push the ether further, the patient needs air. If you should ever be so unfortunate as to push it further and respiration stops, let every-

thing else go and attempt to restore the breathing by every possible means. Rubbing, stimulation, slapping, artificial respiration, use of bellows to inflate the lungs, electricity, etc., all should be tried. Always have, ready filled at your side, a hypodermic of brandy. Some always have a bottle of amyl nitrite and an electric battery as well. The amyl nitrite is a very diffusible drug, while a hypodermic of brandy is a very quick stimulant. A very good way of using the battery is as follows : Use a Faradic battery, apply the positive pole over the sternum or epigastrium. Have the pole as large as possible. The place for the negative is on the neck posterior to the sterno-mostoid. This pole is more effective if broad and flat. Apply the current for two (2) seconds, then take it off two (2) seconds. Do not get the pole on the stomach too low. Do not cease your efforts in apparently hopeless cases for three or four hours.

After having put the patient fully under the anæsthetic (the conjunctiva being insensible and muscles lax) he is ready for the operator and you have only to watch his pulse and breathing. After having given ether a number of times, you will be able to tell by the feeling of the pulse how far under the patient is. When deeply so, the pulse is soft, and small, when less so, fuller and harder. Again, the noise made by the patient is a guide ; if snoring, then there is ether enough, but if more of a cry or groan then more ether is needed. During the last half of a long operation, the patient will be quiet and give you no trouble. If when the patient is lying quietly, perhaps rolling his eyes, suddenly a convulsive movement seizes the abdomen, you may know that vomiting is imminent, and must be checked by crowding the ether. This is always promptly effective.

When coming out of the ether patients are almost sure to vomit more or less. As a vomiting remedy Nux Vom. I find the best. Verat, Alb. Ars., Ipecac, Cocculus, Ant. Tart. are also useful. Strong coffee will sometimes work well, and small pieces of ice are always grateful. Repeated deep inspirations help get the ether out of the system and so relieve the vomiting. Sips of hot water are useful in some cases.

When a patient is going under the ether, and also when coming out, one must be prepared for almost any act or remark. Patients will pat you on the cheek, ask you to kiss them, laugh, cry or sometimes talk incessantly. One young man I remember, when coming to himself cried so for his "mamma" as to disturb the whole house. Another patient, a lady, insisted upon singing and screaming as loud as she was able. When told to be quiet she replied, "Go to thunder! I won't be quiet."

In cases where the breathing space of the lungs are encroached upon, one must be careful of the anæsthetic. Also in cases of dyspnœa, when the voluntary muscles had been obliged to aid the involuntary, for if the action of the voluntary muscles be done away with, the breathing may stop forever. Ether affects primarily the respiratory centres, and so may be given with comparative safety in cases of heart disease. In fact, if an operation must be done, it is much safer to do it with than without the anæsthetic.

The average time required to put a person under ether is about eight (8) or ten (10) minutes.

S. H. KNIGHT, M.D.,

Helmuth House.

Prof. Helmuth's Sunday Lecture.

THE college amphitheatre was crowded on Sunday afternoon last (13th inst.) by a large and intelligent audience who had gathered there to listen to Prof. Helmuth's annual "Sunday Lecture" to the students. Apparently not a student was absent, and many elegantly dressed ladies were noticeable throughout the audience. A large and beautiful bouquet of cut flowers stood upon the table. The professor entered promptly at 4 o'clock, and upon his being introduced by Mr. Watts, President of Hahnemannian Society, he was greeted by the hearty applause to which he has long since become accustomed in this the room where many successive classes have listened not only to his "Sunday Lectures"—which are always intensely interesting and instructive—but also to the regular course of instruction in surgery,

and we believe it may be truthfully said that very few, if any, of the many hundreds who have listened to his voice as students, and who have carried away with them the essence of his knowledge, have bid adieu to this portion of their college life without regret, so great is this teacher's magnetism, so uniform his kindness and consideration for even the least of his class. The "Sunday Lecture" has now come to be a fixed institution in our college course, and the students look forward to it from year to year with a pleasure which marks unerringly the profound affection they bear for their professor and friend.

The somewhat novel custom of delivering a Sunday lecture to the students came about in this way: Eleven years ago whilst in the midst of an interesting lecture in the class-room, the "bell" suddenly announced that the hour for the lecture in surgery had expired and the professor, turning to the class said: "I will continue this subject to-morrow, gentlemen;" but as the day happened to be *Saturday*, this remark caused a smile to go round the class, which, however, did not pass unperceived by the professor who, not wishing to be outdone, turned again as he passed out of the room and said, "Gentlemen, I have said I would continue this subject to-morrow, and I mean to do so at four o'clock." The next day the entire class was present and so was Professor Helmuth, and the first of this remarkable series of lectures was delivered. Since that time the students expect to hear the annual lecture, and when the time comes round a committee of students is formed whose duty it is to call upon the lecturer to solicit his indulgence "just once more." The custom is certainly a very pretty one as well as highly enjoyable and instructive, and we hope that, for the benefit of those who are to follow us, it may not be abandoned.

We print a few of the many valuable hints dropped by the lecturer who began by dividing the physician's work into two grand divisions, "The knowledge of it and the wisdom of it," the former to be gained in a large measure in college and the latter out of college after the student had received his diploma, which was his

"baptism into a new life." Egotism, he said, was the obstacle to knowledge and was the natural offspring of ignorance, and that the world estimates the doctor at his actual knowledge and not at what he thinks he knows, and does it too with a remarkable degree of accuracy, and "as a cannon should weigh a hundred times more than its shot, so should a man's wisdom and reputation be one hundred times greater than his utterances." . . . "The practice of medicine is uncertain and in it there is no royal road to eminence; the astronomer can make his calculations even to the minute, the navigator on the water can sail steadily onward and direct his vessel to its haven without a single deviation, but the doctor, owing to there being no fixed law or formula to meet the demands set up by the many grades and classes of individuals and their many idiosyncrasies cannot produce results as exact, yet the law of *Similia Similibus Curantur* brings us nearer to true exactness by proving upon the masses, but a law governing dose as to potency is highly impracticable, if not absolutely impossible, as applied to general practice. Touching upon medical culture he warned his hearers that, "Too much medical knowledge and no common sense may make a man a fool, and too much common sense and no medical knowledge may make a man a knave," and that it is not, by any means, the highly educated physician who is always the most successful, but the one who knows best how to use his knowledge," etc., etc. After speaking for more than an hour, during the whole of which the audience manifested the deepest interest, the speaker closed by saying: "My best advice to you is *be square*. This is my motto to you, WAIT—BE SQUARE. Remember it when I am gone and remember where you heard it." S.

THE profound research in anatomy carried on by the Freshmen is really surprising. One of them discovered a new muscle not described in Gray, and the professor gave it the name of "Honan's" muscle in honor of the discoverer.

American Society of Rational Practitioners.

THIRTEENTH ANNUAL SESSION, HELD NOVEMBER, 1886.

THIRD DAY—MORNING SESSION.

REPORTED BY WILLIAM OSBURY, M. D.

THE President called attention to the fact that the rules of the Society prescribed three days as the limit for each meeting. As he had taken to himself the pleasure of inviting the members to a dinner to be given that evening, he suggested that the present sitting be a little more prolonged than the previous ones, for he knew there were yet several important and instructive papers and matters to be brought before them. It gave him disappointment to feel that there was not time left for full justice to be done to every one, but as the rules had set a limit to the duration of meetings (doubtless in regard for the convenience of the majority) there was nothing left for them but to acquiesce. He therefore requested that those who had anything to communicate would bring their subjects with brevity, so that as many as possible could be heard. He also thought it best not to use up any moments in discussion, and ordered that all the subjects which would have to be curtailed or left out should be fully published hereafter in the journal of the Society.

Dr. Mary Zorita Jane De Gilzal Boldie read a paper entitled "The development and evolution of the biologic cycle as a factor in progressive hyperplasia, considered separately from the transposition of primitive cells under the effect of molecular energy; together with data probably establishing the theory of cerebral vibration in the higher education of woman."

Dr. Boldie's arguments were massive and intricate, and for the most part supported by the authority of some of the renowned modern writers on medical subjects. She endeavored to establish the following points:

That hyperplasia, when progressive, was merely a deviation in the trend of evolution

acting according to biological laws and causing vibratory projections which held the normal tendency of the cycle in suspension.

That molecular energy when exerted in a definite sequence was in itself a modifying element, which found ultimate resistance in protoplasm and reacted on the same, the final outcome of which was apparent in the relative position of primitive cells, whether the latter were fully formed or undergoing modification toward the final point of perfection or intermittent retrogression.

That these two states—namely, of hyperplasia and the transposition of primitive cells—were essentially different, though not apparently dissimilar which viewed in some of their more superficial processes and ultimate metabolisms.

That the apparent instability in the economy of woman observed in the present epoch, was due to the unsettled and changing quality of the cerebral vibrations, which in their turn were caused by the influence of modern discussion and new departures in the higher educational facilities afforded the sex. The consequence was that the grosser vibrations of the barbarous past were disturbed, while the inevitable finer vibrations of the future were not yet brought to the point of habitual adjustment necessary for healthy quiescence.

Dr. William Wiseover presented "Thoughts on the importance of studying the adjustment of the minor articles of clothing, especially the hat, collar and necktie, as a means of diagnosis in the prodromal stage of typhoid fever." The early signs of the approach of this disease being so treacherous, he thought we should be glad to avail ourselves of anything which could bring us to a conclusion as soon as possible. Then we could take steps to conserve the strength of the patient for the long ordeal through which he had to pass. He had noticed some years back that individuals who were coming down with typhoid fever showed an extraordinary carelessness about their personal appearance for a week or two before the temperature began to rise. Following up his observation he had studied the matter ever since and found that this carelessness was always present in some

degree, being the result of that characteristic dullness of the intellect and indifference which the typhoid poison produces. The articles of clothing to which he had made particular reference were generally neglected as follows: The hat was thrust down abnormally over the forehead, perhaps with an instinctive desire to protect the eyes from the light; the collar was often left unbuttoned at the back, undoubtedly from forgetfulness; and the necktie was invariably adjusted so as to be on one side or the other of the median line, thereby giving a striking symmetrical appearance to the patient. He had almost come to regard the condition of the necktie as pathognomonic.

Dr F. Kicton Jacknoddle related three cases on which he had tried the Homœopathic principle of curing like with like. Not that he had any faith in that principle, but because he had wished to settle the question forever in his own mind. The results, of course, had again proved the unspeakable absurdity of the claims against which they, in common with all enlightened and progressive physicians, were combined.

CASE 1.—Mrs. Fillamentor. This patient, being pregnant, was troubled with continual nausea. Her health was rapidly failing as she was unable to keep any food on her stomach for more than a few minutes at a time. All other measures failing to give relief, he had, as a forlorn resort, been led to try Ipecacuanha. He began its use by giving five grains of the powder every hour. The condition of the patient being markedly aggravated at the end of the second day he increased the dose to ten grains in order to give the method a fair trial. She had not taken more than five of these larger powders when he was sent for in haste and found her nearly dead, abortion having taken place, and an alarming hemorrhage going on. He immediately took the proper steps to save the patient's life which, happily, he succeeded in doing. He had lost all faith in the virtue of Ipecacuanha as a cure for nausea.

CASE 2.—Joseph Carpiol, a young man who was troubled frequently with a congestive headache which interfered with his business. The doctor had tried almost everything with this patient

on which he had been accustomed to rely, but without the expected results. At length he had recourse to a homœopathic work in his possession and found Belladonna and Gelsemium both extolled as remedies for such headaches. By way of experiment he had given this young man a prescription for equal parts tinctures of Belladonna, Gelsemium and Opium, the latter having been intended to modify the influence of the other two drugs. He directed the patient to take twenty drops of this combination every half hour for two days and then to report to him. As he did not return at the end of a week and the doctor was anxious to know the success of the experiment, he had called at his residence. To his surprise he found the young man in bed, with a homœopathic physician in attendance. It seems that having taken the doctor's prescription for one day he had become delirious, and on his way to business the following morning was arrested in the street on the belief of the policeman that he was insane. The relatives of the patient expressed great indignation at Dr. Jacknoddle when he called, the physician in attendance having given them to understand that the Belladonna which had been taken was sufficient to account for the condition of affairs. The doctor had thus lost the confidence of a family who had been among his best patients, but not more effectually than he had lost faith in Belladonna as a medicine for congestive headaches.

CASE 3.—An infant, six months old, had been annoyed from birth with indigestion and colic. He had found that the parents to quiet it had frequently used some soothing syrup. The doctor forbade the use of the patent medicine on the ground that he believed most of these preparations to contain injurious amounts of Opium or some of its derivatives. He then prescribed a solution of Morphia and ordered it to be given when necessary. The parents were impatient with the results, and he then, in accordance with the homœopathic authority before mentioned, had administered Colocynth for the colic. He ordered quite large doses of the fluid extract disguised in syrup. Very few doses of this preparation had been used when

the infant was suddenly taken with violent convulsions, and it died while he was on the way to the house. While he could not say positively that the Colocynth was the cause of the convulsions he was obliged to admit that there was for some days an unpleasant and restless uncertainty in his own mind which he did not desire to experience again.

After this latter occurrence he came home and threw the homœopathic work in the fire, having no intention to follow advice in future which had brought him into such disagreeable relations.

The President remarked with a sly smile that he did not want to open a discussion, there being no time for it, but he was surprised that a member of their society had been so far deluded. He hoped the lesson would not be thrown away on any of those who had been privileged to hear the remarks of Dr. Jacknoddle, which he regarded somewhat in the light of a penitent's confession.

Dr. Marcus Nedum reported a case of congenital absence of the nose occurring lately in his practice. The child was further deformed by a prolongation of the upper lip which was found by actual measurement to be four inches long. At the end of this peculiar lip were two rudimentary holes like nostrils. Otherwise the infant was well developed and healthy. He was not himself a believer in the influence of maternal impressions as a cause of such abnormalities, but the relations of the child one and all thought differently from him, the mother in particular, who said that before the child was born she accompanied her husband to a circus and while they were watching the antics of a company of elephants the animals became enraged and terrified her by their behavior. She considered the fright on that occasion to be the cause of her infant's condition. She was so horrified at the result that she had besought Dr. Nedum to destroy its life. Of course he had been unable to comply. He thought that surgery would be able to do much for the improvement of the deformity when the child was older. He saw no reason why the upper lip could not be amputated and an artificial

nose put on by a plastic operation. He related the case for the manner in which it seemed to bear on the question of maternal impressions concerning which so much had been said and written pro and con. As there was no time now to discuss he hoped it would appear in the journal and draw out opinions. He had nearly forgotten to state that this infant did not cry like an ordinary child but emitted grunts and squeaks after the manner of a pig.

Dr. Boobay felt called upon to bring the meeting to a close. He was grateful to all who had in any way contributed to the knowledge and pleasure of the members. These gatherings were the oases in the desert life of the physician and no set of men could gather together for their high purposes and go away without carrying memories of happiness and lessons of profit which would be felt by them all through the dreary passages of daily routine. He felt that he had been greatly instructed and improved by all their meetings, and by none more than the present.

He urgently invited all who could remain in the city over night to be present at the dinner which he had tendered to the members.

The meeting then adjourned.

A RÉSUMÉ of two cases of *tartar emetic* poisoning is given in the *Druggists' Circular* (extracted from the *Nashville Medical and Surgical Journal*), which may prove of interest to our readers :

"Dr. H. H. Langston writes" (to the above journal) "that he has observed poisonous effects from tartar emetic in quantities smaller than reported by any authority he has consulted. A lady threatened with mammary abscess was given half a grain in solution, with directions, in case it did not produce nausea, to repeat in two hours with double the dose.

"In less than an hour afterwards the doctor was summoned to her in haste, and found her greatly prostrated, vomiting every few minutes, bathed in a profuse sweat, with cramps in her stomach and bowels, weak and rapid pulse—all indicating a mild case of poisoning. He felt sure that half a grain more (or one grain in all)

would have thrown her into great peril and made her condition alarming.

"Dr. L. also reports that in another case in which he used the drug for the same purpose, the arms and all the surface of the upper part of the body broke out with a dense crop of tartar emetic pustules.

"The eruption was 'preceded by an indescribable and alarming sensation of numbness, or deadness and tingling.' To relieve this, brisk rubbing was resorted to, and in a few minutes the eruption came out thickly, bold and distinct, but disappeared in a few days without further trouble."

Reminiscences.

SEVENTY-SIX.—During this term the writer of this was greatly honored by the Class of '76 by electing him unanimously an honorary member of the Hahnemannian Society. How proud he felt, how great a man he thought himself after this event; with what vim he used to ring the old bell for the professors to begin or end their lectures. He actually thought that he was the biggest man in the college. Well might he be proud; for when he looks back upon the different graduating classes and sees so many men who are to-day authors, professors in colleges and also some of them editors of medical journals, presidents of State societies and even members of Congress, he is really entitled to indulge in a feeling of pride.

This class also will call to mind the examination in obstetrics in the lower lecture-room, when the professor treated the students to a well-known beverage. It is surprising how thirsty a medical student can be sometimes when he can obtain his favorite fluid free of charge. Ever since this event Sol B—ch has increased in size until now he is one of the great shining-lights of the profession in New York City.

E. H. Linnell was elected President of the Hahnemannian Society and also received the Faculty prize. B. F. McTavish gained the second honor. Another feature of this session was the examination in anatomy, where fifty-four questions were given by Prof. Carmichael to be answered in writing. How the sandwiches and

coffee disappeared, as the poor fellows could not leave the room until their papers were handed in! The constitution of the Hahnemannian Society was during this term revised and many new features added. Albert Claypool, of this class, is at present President of the Ohio State Society, and B. G. Carleton was until a few years ago Demonstrator and Lecturer in Anatomy in this college. '77.—This class may be rightly styled a banner class on account of being the largest class ever up to that time having graduated from this college, numbering in all fifty-four, with seven honorary degrees conferred, and also on account of many holding high positions in the profession: W. W. Blackman, of this class, is at present Demonstrator and Assistant Professor of Anatomy in our college; G. W. Blodgett, formerly Professor of Physiology and also Professor of Diseases of the Kidney (a bean-shaped organ); C. C. Boyle, Surgeon to the Ophthalmic Hospital; C. W. Cornell, Assistant to the Chair of Surgery; W. Y. Cowl, formerly Professor of Pathology; W. B. Mayo, President at present of the Vermont State Society; J. L. Moffat, formerly Secretary of the N. Y. State Society, and at present President of the Kings County Society, and others too numerous to mention holding high professional positions in this city, Brooklyn, Rochester, etc.

An event of the greatest importance to homœopathy in this city occurred in the early part of this session. The second largest hospital in New York was put by the Commissioners of Charities and Correction under the control of a medical staff composed of members of the homœopathic profession. What this hospital, with its seven hundred beds, its resident staff of nine physicians, its visiting staff of more than twenty members of the profession of highest standing, has accomplished during this last ten years need not be recalled here, as it is too well known. S. H. Talcott, '72, at present Professor of Nervous Diseases and Medical Superintendent of the State Insane Asylum at Middletown, was its first chief of staff, with J. D. Madden, '76, and R. B. Sullivan, '76, as his assistants.

In February, 1877, Dr. Carroll Dunham, so

well known throughout this broad country, died. Only a few years before that date he resigned from the Chair of Materia Medica and Dean of this College, was President of the World's Convention of Homœopathic Physicians held at Philadelphia in 1876, was so well known as a writer and author of works on Materia Medica and therapeutics that the loss sustained by the homœopathic profession was not only felt in this city alone, but in the whole United States.

Prof. Carmichael resigned from the Chair of Anatomy, and Prof. Doughty was appointed by the Faculty in his place. Prof. Ebell also tendered his resignation, and was succeeded by Prof. Bacon.

C. R. Sumner was President of the Hahnemannian Society. J. L. Moffat received the Faculty prize and F. J. Nott the second, who was also chosen Valedictorian of this class, Enos Hall, the old colored janitor, also resigned at the end of this term, having been in the employ of the college since 1860.

'78.—At the early part of this session Dr. John Butler, now deceased, was appointed a lecturer on Electricity and Electro-Therapeutics. Professor Bacon resigned at the end of this term, and St. Clair Smith, M. D., filled this vacancy for several years after.

The vacancy created by the resignation of Enos Hall was filled by a man who will be remembered by the name of "Monday." How happy Monday would be when he could find listeners to his stories, "nursery rhymes" as he used to call them, when sitting near the large stove in the dissecting-room. He would quote Shakespeare, Byron, etc., and tell about his travels in Italy. But his employment at the college ceased in a few years, the demon intemperance getting the best of him.

J. R. Stearns gained the Faculty prize, and C. A. Walters received second honors. B. C. Shenstone delivered the valedictory address, which was a very able effort, as he explained to the audience his views of what Homœopathy was and what it could do; an address which was highly appreciated by the audience and the members of his class. Among the graduates of '78 was an East Indian, Dr. Bose, who had

studied for several years in England, and came to this country to study homœopathy. He is now a prominent physician in Calcutta, and occupies a front rank among the pioneers of homœopathy in India. W. E. A. Gorton was President of the Hahnemannian Society, and Charles McDowell, now Professor of Physiology in our College, Secretary. A. M. Curtis is associate editor of the *Physicians' and Surgeons' Investigator*, published in Buffalo, was also a member of this class. N. W. Rand is President of the Massachusetts State Society, an honor well deserved. ONE WHO WAS THERE.

Societies.

Hahnemannian Society.

THE regular meeting of the Hahnemannian Society, for January, was held at the usual place on Wednesday evening the 8th inst.

Meeting called to order at 8 P. M.

President Watts in the chair.

The following programme was then rendered :

Song by quintette.

Roll call.

Duets by Drs. Lawrence and Kellogg.

Minutes of preceding meeting read and accepted.

Banjo selections by Prof. Doré.

An original poem by Sawyer, '88.

Song by quintette.

Recitation by Kastendeik, '88.

Duet by Drs. Lawrence and Kellogg.

The classes then proceeded to elect quiz masters for the ensuing month, which resulted as follows :

Re-election of senior quiz masters in a body.
Re-election of Middle and Junior class quiz masters, except Woodruff in anatomy and Bennett in physiology. Messrs. Hamlin and Honan were elected to fill the respective vacancies.

Orchestral selections by Wakely, '88.

Solos by Platt, with guitar accompaniment by Kellogg.

Report of Library Committee.

After a spirited debate a motion was made and carried to secure the Y. M. C. A. Hall for the Hahnemannian commencement.

Banjo duets by Profs. Doré and Landauer, '88.

By invitation, Hoyt, of '89, favored the Society with a terpsichorean entertainment.

Treasurer's report read and accepted.

Banjo selections by Prof. Doré.

Song by quintette.

Vote of thanks was tendered the gentlemen who contributed to the evening's entertainment.

Solos by Mr. C. H. Hughes, of Brooklyn.

Motion made and passed that a "welcome all" be extended to Mr. Hughes at some future date.

Song by quintette.

Orchestral selections by Wakely, '88.

Banjo selections by Jenkins.

Solo by Platt, '88.

Roll call.

Adjournment.

The Moxie's Nerve Food Humbug.

WE take the following extract from an article in the *American Analyst*:

"I gathered from the circulars and various advertisements issued by the proprietors, that it is neither a tonic, a stimulant, a poison, nor a medicine, and that it contains no trace of alcohol. Despite these facts, it is said to possess the remarkable virtue of curing dipsomania, bracing up and restoring the shattered or weakened nervous system, and imparting new vigor to the overtaxed brain."

"The result of my analysis is as follows :

Specific gravity.....1.035

Carbonic acid gas.....1.022

One hundred parts by weight, subjected to distillation, contain :

Alcohol0.750

Essential oil of sassafras, }
" " wintergreen, } ...0.250
" " aniseed, }

The matter left in the retort evaporated to dryness contained :

Extractive matter.....7.880

Composition of extractive matter :

Sugar	3.810
Glucose	1.250
Sodium carbonate.....	1.070

Sassafras, Gentian, Checkerberry, Quassia Amara,	Existing in the original substance as infusion, mix- ed together, in propor- tions which allow the sas- safras to pre- ponderate.	1.870
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"It will be seen that there is an utter absence of any alkaloid, or of any active principle of any drug, or vegetable, or herb, recognized by or known to the sciences of chemistry or medicine. If the preparation had contained any vegetable substance, such as is claimed for it, the above analysis would have shown it by the discovery of some alkaloid or essential oil."

"The general result of my investigation enables me to state, with no fear of contradiction, that the sole property to which this mixture can lay claim is that of a mild and entirely inoffensive tonic, forming an agreeable drink for quenching the thirst, and incapable of exercising the slightest action upon the brain or the nervous system."

College Notes.

IS your Thesis handed in?

BLEEKER has purchased a new piece of gum.

FRANK has a new name. They call him the Sexton now.

THE fifth pair of nerves made more than one Freshman resolve to take Anatomy two years.

THE class of '87 will have their supper February 23d, and we sincerely hope every man will be present.

H. A. WHITMARSH, '79, of Providence, R. I., has been elected Treasurer of the Rhode Island State Society.

THE reading-room of the library is now in full running order and, from appearances, is well patronized.

WANTED.—A new list of jokes for certain members of the Faculty. A princely reward will be paid for anything not antediluvian.

PROFESSOR: What is an amputation at the joint called?

STUDENT: I think it is called an amputation in ambiguity.

No doubt in the Theses of our class will be much light shed upon many medical subjects, and the coming Seniors will reap the benefit of the deep thought.

DID you do that on purpose? as the professor said when the cork flew out of the bottle for the tenth time. Lewis blushed deeply and murmured, "No, sir."

F. W. BRADBURY, '75, of Providence, R. I., made us a call lately and was agreeably surprised by the many changes which have taken place since his time.

THE "Group Picture" is all that could be desired. And Frank says it is the best one that ever has been taken, all members of the class being present but six.

PROFESSOR of surgery, holding the os innomina before student. Prof.—"What is that bone?"

Mr. O.—"Sapulae."

WE were treated to quite an exhibition at a recent surgical clinic. The nature of the exhibition was such that the front seats did not command a premium.

THE words differential diagnosis are becoming so familiar to the Middle men that when you see their lips moving, you can almost swear that they are going to say differential diagnosis.

THE last meeting of the Hahnemannian Society was what Watts calls entertaining rather than instructive. The frantic endeavors of Chase to secure a reception and dance after the Commencement exercises were symbolic of the man, namely, very persistent.

THE short article in the last CHIRONIAN, discussing tumors and their classification, has attracted much attention and may lead to some practical result. Let us have more of such articles.